



Lead Contractor Certification Application

The Michigan Lead Abatement Act of 1998 requires that persons (firms) conducting lead-based paint (LBP) activities in the State of Michigan must first obtain certification from the Michigan Department of Community Health Lead Hazard Remediation Program (LHRP). Certification requires employment of [Michigan LHRP] certified lead professionals for all lead-based paint activities, and that all LBP activities shall be conducted in accordance with work practice standards established by the department. Certification must be renewed annually, and the corresponding fee paid.

All reports or plans prepared by certified persons (firms) must be maintained for a minimum of three (3) years, and copies provided to the person who contracted their services.

Please type or print in ink. Illegible applications will delay processing.

1. Company Information

Company name: _____

Parent Company (if applicable): _____

Mailing address: _____ Records address (if different) _____

Owner/chief officer _____ Title _____

Telephone no.: (_____) _____ FAX no.: (_____) _____

E-mail address: _____ Federal ID number _____

2. Insurance

Does the company carry lead liability insurance?

(Not required for certification)

☐ NO ☐ YES

(If "Yes", please enclose a copy of insurance certificate)

☐ Copy of current Michigan Workers' Compensation insurance policy or certificate of exclusion must be enclosed

3. Certification Fees (check or money order payable to 'State of Michigan') Fees are non-refundable.

	New application December - May	New application June - November	Renewal application December - May	Renewal application June - November	\$ _____ Certification fees enclosed
Application fee	\$100.00	\$100.00	NA	NA	Amount received \$ _____
Certification fee	\$220.00	\$110.00	\$220.00	\$110.00	Date _____
Total	\$320.00	\$210.00	\$220.00	\$110.00	Received by _____

4. Other Certifications, Licenses

List other states in which the company is licensed for lead-related work. _____

Is the company licensed by the State of Michigan in another trade (asbestos abatement, home renovation, etc.)? ☐ Yes ☐ No

If yes, please list and enclose copies of each license.

Trade _____ Licensing agency _____ License no. _____ Expiration _____

Reverse side of this form must be completed

5. Certified Employees

Please list all employees who will be engaged in lead-based paint activities. These employees must be individually certified by the Michigan Department of Community Health Lead Hazard Remediation Program. The use of non-certified individuals in lead-based paint activities is a violation of section 5470 of the Michigan Lead Abatement Act.

Full name	Soc.Sec.no.	Discipline	LHRP certification no.	Expiration
			P -	
			P -	
			P -	
			P -	
			P -	
			P -	
			P -	
			P -	
			P -	
			P-	
			P-	
			P-	
			P-	
			P-	

6. Applicant Affidavit

I hereby certify that all information provided herein is true and complete to the best of my knowledge. I understand that falsification of any information provided on this application will result in immediate denial or revocation of MDCH certification.

I also hereby agree that the company shall employ only appropriately certified employees to conduct any lead-based paint activities; and that the company and its employees will follow the work practice standards established by the Michigan Lead Abatement Act of 1998, and associated rules, and to comply with all applicable federal, state, and local regulations, ordinances, guidelines, and laws. Violation of any of these may result in denial, suspension or revocation of MDCH certification, and/or administrative citation and fines.

signature of Owner or Authorized Representative

Date

(Print name) _____ Title _____

The Michigan Lead Hazard Remediation Program ☐ does ☐ does not have my permission to provide the above information to members of the public in any format.

Mail this form, applicable fees, and all required attachments to:

**Michigan Department of Community Health
Accounting Division
P.O. Box 30437
Lansing, MI 48909**